

FFICER'S BATTERY REPORT
HICAGO POLICE DEPARTMENT

RD NO.

HY401546

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) VALADEZ, FRANCIS A		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE 1910 S ASHLAND AVE	
TAR NO. 484	POSITION COMMANDER	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
ATE OF APPOINTMENT 22-DEC-1986	EMPLOYEE NO. [REDACTED]	LOCATION CODE 277-PARKING LOT/GARAGE(NON.RES)	BEAT OF OCCURRENCE 1234
VIT OF ASSIGNMENT 010	BEAT/CALL NO. 1000	DATE OF OCCURRENCE 29-AUG-2015	TIME 01:33:00
EX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F	RACE HISPANIC	DAY OF WEEK SATURDAY	DOB [REDACTED]
EIGHT 509	WEIGHT 160	NO. OF OFFICERS BATTERED 2	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____	
<input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____		PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER	
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER			
TYPE OF ACTIVITY			
<input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____			
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____			
<input type="checkbox"/> K. OTHER _____			
TYPE OF INJURY TO OFFICER			
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE			
LIGHTING CONDITIONS AT INCIDENT			
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input checked="" type="checkbox"/> 1. POOR <input type="checkbox"/> <input checked="" type="checkbox"/> 2. GOOD			
MANNER OF ATTACK		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)		(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER 357 MAG	
<input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN		<input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
<input checked="" type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE HISPANIC	DOB [REDACTED]	IR NO. 19178246
CB NO. WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN			
NO. OF OFFENDERS PRESENT? 4			
WEATHER CONDITIONS			
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW			
<input type="checkbox"/> D. FOG / HAZE <input type="checkbox"/> E. SLEET <input type="checkbox"/> F. SEVERE CROSS WIND			
APPROXIMATE OUTDOOR TEMPERATURE: 70° F			

REPORTING MEMBER - SIGNATURE
VALADEZ, FRANCIS A

STAR NO.
484

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
MC NAUGHTON, DAVID R 120